

1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33935

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6129</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree</u> <u>Twp</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Birch Tree</u> <u>mo</u> <u>1010</u>			
d. FULL NAME OF (If not in hospital or institution give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Ida</u>		a. (First)		b. (Middle)		c. (Last) <u>Miller</u>	
4. DATE OF DEATH <u>Sept 19-1952</u>		5. SEX <u>M F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb 14-1862</u>		9. AGE (In years last birthday) <u>90</u>		10. MONTH <u>7</u>		11. YEAR <u>5</u>	
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12b. KIND OF BUSINESS OR INDUSTRY		13. BIRTHPLACE (City and State or Foreign Country) <u>Saxony, Germany</u> <u>4</u>		14. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15a. FATHER'S NAME <u>John Shuman</u>		15b. MOTHER'S MAIDEN NAME <u>unknown</u>		16. NAME OF HUSBAND OR WIFE			
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		18. SOCIAL SECURITY NO.		19. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Miller Birch Tree, Mo.</u>			
20. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardia</u> ANTECEDENT CAUSES <u>Infirmities of Age</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION <u>4222</u>				22. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
23a. ACCIDENT SUICIDE HOMICIDE (Specify)		23b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		23c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Birch Tree Shannon Mo</u>			
24d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		24e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		25. HOW DID INJURY OCCUR?			
26. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>52</u> , to <u>Sept 19</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.							
27a. SIGNATURE <u>R. J. Davis M.D.</u>		(Degree or title)		27b. ADDRESS <u>Birch Tree, Mo</u>		27c. DATE SIGNED <u>9/24-52</u>	
28a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		28b. DATE <u>9-21-52</u>		28c. NAME OF CEMETERY OR CREMATORY <u>Oak Forest</u>		28d. LOCATION (City, town, or county) (State) <u>Birch Tree, Mo.</u>	
29. DATE REC'D BY LOCAL REG. <u>9-29-52</u>		30. REGISTRAR'S SIGNATURE <u>Mabel G. Green</u>		31. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Student

Student Embalmer

Signed

Licensed Embalmer No. 4325

P. O. Address *Monticello Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.